

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee<br>B. Received by (Printed Name) <i>S. Cochran</i> C. Date of Delivery <i>12-17-05</i><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If YES, enter delivery address below: |  |
| 1. Article Addressed to:<br><i>Blake Jennings</i><br><i>Tallahassee Co. Jail</i><br><i>316 Ind. Pk Wn.</i><br><i>Dadeville, AL 36853</i>   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>Delivery? (Extra Fee) <input type="checkbox"/> Yes        |  |
| 2. Article Number (Transfer from service label)<br>7003 2260 0005 4584 7474  |  |   |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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| 1. Article Addressed to:<br><i>Kathy Rubbise</i><br><i>Tallahassee Co. Jail</i><br><i>316 Industrial Pk</i><br><i>Dadeville, AL 36853</i>  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
| 2. Article Number (Transfer from service label)<br>7003 2260 0005 4584 5975  |  |  |  |

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